EXHIBIT C

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Wages salaries, or commissions (up to \$10,000),* earned within 180 Differ - Specify applicable paragraph of 11 U.S.C. § 507(a)(8) Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(1) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interests or additional charges. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interests or additional charges. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interests or additional charges. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interests or additional charges. This Sinch is for Court Usi Only making this proof of claim. This Sinch is for Court Usi Only agreements and evidence of perfection of lies Do Not Send Only interests or other person authorized to additional charges. This Sinch is for Court Usi Only interests or other person authorized to additional charges. This Sinch is for Court Usi Only interests or other person authorized to additional charges. This Sinch is for		r T	or ser	vices	for personal fan	uly. or hou	sehold use - 11 USC
Wages salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4) *Amounts are subject to adjustment on 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. *Contributions to an employee benefit plan - 11 U S.C. § 507(a)(5). *Total Amount of Claim at Time Case Filed *Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. *Credits* The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. *Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices nemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary **But Date** Sign and print the name and title, if any, of the creditor or other person authorized to file his claim (attach copy of power of attorney, if any) **Date** Sign and print the name and title, if any, of the creditor or other person authorized to file his claim (attach copy of power of attorney, if any)	(a)(1)(B)						Marine Hillan a sone
days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - !! U S C § 507(a)(4) Contributions to an employee benefit plan - !! U S.C. § 507(a)(5). 5. Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available, explain. If the documents are voluminous, attach a summary 8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed crivetope and copy of this proof of claim Date Sign and print the name and iffic, if any, of the creditor or other person authorized to file? Not sclaim (attach copy of power of attorney, if any) USA CMC	Wages salaries, or commissions (up to \$10,000).* earned within	n 180 ∐		•	_		
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making this proof of claim. 7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy. To receive an acknowledgment of the fitting of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) USA CMC					12		
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agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available, explain. If the documents are voluminous, attach a summary 8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) USA CMC	orders, invoices itemized statements of running accounts contra	ects, count	judgm	ents,	mortgages, secur	ıty	
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Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) USA CMC	8. Date-Stamped Copy. To receive an acknowledgment of the fill	ling of yo	ur claın	n, enc	lose a stamped, s		سيميدها اسي
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	file this claim (attach copy of power of attor	mey, if an	y)	ici pe	DOLTARIUS RAIGA	~ ^	
	1/10/07					l	
Penalty for presenting fruidalent claim. Fine of up to \$500,000 or supresonment for up to 5 years, or both. 18 U.S.C. §	The state of the s		-			L	
	Penalty for presenting fraudulent claim. Fine of up to \$500,000 or	imprison	nent for	пр 1	o 5 years, or both	1. 18 U.S C	

PONNI BIO (Official Ponti To) (10/05)		the state of the s
UNITED STATES BANKRUPTCY COURT	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NOTE This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense ma	strative expense arising after the commencement ay be filed pursuant to 11 USC § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property) Robert W Ulm Trustee of the Robert W Ulm Living Trust dated 4/11/05	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	
Name and address where notices should be sent Robert W Ulm -Trustee 414 Morning Glory Road	Check box if you have never received an notices from the bankruptcy court in the case Check box if the address differs from the	s
St Marys GA 31558 Telephone number 912-673-6020	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor 3748	Check here of this claim of the replaces amends a previously to	filed claim dated II 07 06
I Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other See Exhibit A	Retiree benefits as defined in Wages salaries and compete Last four digits of your SS # Unpaid compensation for se from	nsation (fill out below)
2. Date debt was incurred 02/02/04	3 If court judgment, date obtain	ed
4 Classification of Claim Check the appropriate box of boxes the Sec reverse side for important explanations Unsecured Nonpriority Claim \$ 688,165 Check this box if a) there is no collateral or lien securing you be your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B)	Secured Claim The claim, or none or Brief Description of Collate Motor Which is Amount of arrearage and other change are claim if any \$ 12,44 Up to \$2 225* of deposits toward por services for personal family or \$ 507(a)(7)	eral or Vehicle Other Dinknown narges at time case filed included in 1.7 Durchase lease or rental of property household use ~ 11 U S C
Wages salaries or commissions (up to \$10 000) * earned within days before filting of the bankruptcy petition or cessation of the debt business whichever is earlier - 11 U S C \ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \ 507(a)	or s Other - Specify applicable paragrap *Amounts are subject to adjustment on	4/1/07 and every 3 years thereafter
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in add	\$ 688,165 688,165 (unsecured) (secured) dition to the principal amount of the claim. At	688,165 (priority) (Total)
interest or additional charges 6 Credits The amount of all payments on this claim has been		
making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are voluing the supporting documents are vol	ents such as promissory notes purchase acts court judgments, mortgages, security ID ORIGINAL DOCUMENTS If the minous, attach a summary ling of your claim enclose a stamped, self-	THIS SPACE IS FOR COURT USE ONLY LED JAN 11 2007
O1/08/06 Sign and print the name and title if any, of the file this claim (attach copy of power of attor) O1/08/06	the creditor or other person authorized to mey if any)	USA CMC

United States Bankruptcy Court	District of Nevada	PROOF OF CLAIM				
Name of Debtor USA Commercial Mortgage Company	Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR					
NOTE This form should not be used to make a claim for an administrative expense ma						
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Tripp Enterprises Inc a Nevada corporation Name and address where notices should be sent Warren W Tripp 250 Greg Street Sparks, NV 89431 Telephone number (775) 355-7552	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	THIS SEACE IS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor identifies debtor	Check here replaces if this claim amends a previously filed	claim dated				
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other	Retiree benefits as defined in 11 Wages salaries and compensation Last four digits of your SS # Unpaid compensation for service fromto_ (date)	on (fill out below) es performed				
2 Date debt was incurred JULY 2004	3 If court judgment, date obtained					
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ 490,267 92 ✓ Check this box if a) there is no collateral or lien securing you be your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) of (a)(1)(B) Wages salaries, or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a)	Secured Claim The claim, or none or Brief Description of Collateral Real Estate Motor Ve Value of Collateral Amount of arrearage and other charge secured claim, if any \$ 9,078 43 Up to \$2 225* of deposits toward purch or services for personal family or hous \$ 507(a)(7) Taxes or penalties owed to governmentation \$ 180 Other Specify applicable paragraph of \$ 400000000000000000000000000000000000	chicle Other————————————————————————————————————				
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in ad- interest or additional charges		490,267 92 nority) (Total) itemized statement of all				
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts contragreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are volus Bate-Stamped Copy To receive an acknowledgment of the finanderssed envelope and copy of this proof of claim. Date Sign and print the name and title if any, of file this claim (attach copy of power of atto	nents, such as promissory notes purchase facts court judgments, mortgages, security ND ORIGINAL DOCUMENTS If the iminous, attach a summary filing of your claim enclose a stamped self-	HIS SPACE IS FOR COURT USE ONLY D JAN 11 2007				
Penalty for presenting fraudulent claim Fine of up to \$500 000 or	r Imprisonment for up to 5 years or both 18	USA CMC 1072502103				

United States Bankruptcy Court District of Nevada	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR	FROOF OF CLAIM
NOTE This form should not be used to make a claim for an administrative expense arising after the commenceme of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503	nt
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Warren W Tripp, a married man dealing with his sole & separate property Name and address where notices should be sent Warren W Tripp 250 Greg Street Check box if you are aware that anyon else has filed a proof of claim relating your claim Attach copy of statement giving particulars Check box if you are aware that anyon else has filed a proof of claim relating your claim Attach copy of statement giving particulars Check box if you are aware that anyon else has filed a proof of claim relating your claim Attach copy of statement giving particulars Check box if you are aware that anyon else has filed a proof of claim relating your claim Attach copy of statement giving particulars Check box if you are aware that anyon else has filed a proof of claim relating your claim Attach copy of statement giving particulars Check box if you are aware that anyon else has filed a proof of claim relating your claim Attach copy of statement giving particulars Check box if you are aware that anyon else has filed a proof of claim relating your claim Attach copy of statement giving particulars Check box if you are aware that anyon else has filed a proof of claim relating your claim Attach copy of statement giving particulars Check box if you are aware that anyon else has filed a proof of claim relating your claim Attach copy of statement giving particulars.	any hts
Sparks, NV 89431 Telephone number (775) 355-7552 Check box if the address differs from the address on the envelope sent to you by the court	
Last four digits of account or other number by which creditor identifies debtor Check here if this claim in this claim is a previously	filed claim dated
1 Basis for Claim Retiree benefits as defined Goods sold Wages salaries and comp Services performed Last four digits of your SS ✓ Money loaned Unpaid compensation for Personal injury/wrongful death from Taxes Other See Exhibit A (date)	ensation (fill out below)
2 Date debt was incurred July 2004 3 If court judgment, date obtain	ned
Unsecured Priority Claim Check this box if a) there is no collateral of then securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief Description of Coll Real Estate Mo Value of Collateral \$	ateral tor Vehicle Other Unknown charges at time case filed included in
Domestic support obligations under 11 U S C \(\delta \) 507(a)(1)(A) or \((a)(1)(B) \) Wages salaries, or commissions (up to \(\delta \) 10,000) \(\delta \) earned within 180 \(\delta \) Other Specify applicable paragraphisms whichever is earlier 11 U S C \(\delta \) 507(a)(4) **Amounts are subject to adjustment of the delta of the subject to adjustment of the subject to adjust the subject to adjustment of the subject to adjustment of the subject to adjust the subject	nmental units - 11 USC § 507(a)(8) aph of 11 USC § 507(a)()
5 Total Amount of Claim at Time Case Filed \$ 591701 25	591,701 25 (priority) (Total) Attach itemized statement of all
 Interest or additional charges Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts court judgments mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous, attach a summary Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped addressed envelope and copy of this proof of claim 	THIS SPACE IS FOR COURT USE ONLY
Date Sign and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)	USA CMC

UNITED STATES BANKRUPICY COURT	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Con	pany Case Number 06-10725-LBR	
NOTE This form should not be used to make a claim for of the cise. A request for payment of an administrative e	nt	
Name of Creditor (The person or other entity to whom the dubtor owes money or property). The Schoonover Family Trust Dated 2/23 C/O Edward L and Susan A Schoonove Co-TTEES. Name and address where notices should be sent Edward L and Susan A Schoonover 164 Shorett Dr Friday Harbor WA 98250	Check box if you are aware that anyon else has filed a proof of claim relating your claim Attach copy of statement giving particulars Check box if you have never received notices from the bankruptcy court in to case Check box if the address differs from the address on the envelope sent to you by	any his
Telephone number Last four digits of account or other number by which credit identifies debtor	or Check here replaces If this claim amends a previousl	y filed claim dated
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other — See Exhibit A	Retiree benefits as defined Wages salaries and comp Last four digits of your S Unpaid compensation for from	tin II U S C § III4(a) pensation (fill out below) S # services performed
2 Date debt was incurred 06/01/2004	3 If court judgment, date obta	ined
4 Classification of Claim Check the appropriate box see reverse side for important explanations Unsecured Nonpriority Claim \$ 134 724 50 Check this box if a) there is no collateral or lien see b) your claim exceeds the value of the property securing only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507 (a)(1)(B) Wages salaries or commissions (up to \$10 000) * eads before filing of the bankruptcy petition or cessation business whichever is earlier 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan 11 U S	Secured Claim Check this box if your claim or a right of setoff) Brief Description of Col Real Estate M Value of Collateral \$ Amount of arrearage and other secured claim if any \$42 Up to \$2 225* of deposits towar or services for personal family \$ \$507(a)(7) Taxes or penalties owed to gove of the debtor s *Amounts are subject to adjustment with respect to cases commence.	aim is secured by collateral (including lateral otor Vehicle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other chinterest or additional charges	\$ 134724 50 (unsecured) (secured) rges in addition to the principal amount of the claim	(priority) (Total) Attach itemized statement of all
6 Credits The amount of all payments on this clair making this proof of claim	n has been credited and deducted for the purpose of	THIS SPACE IS I'VER COURT USE ONLY
7 Supporting Documents Attach copies of support orders invoices itemized statements of running accordance agreements and evidence of perfection of lien DO documents are not available explain If the documer 8 Date Stamped Copy To receive an acknowledgment addressed envelope and copy of this proof of claim Date Sign and print the name and title file this claim (attach copy of po 01/10/2007 Edward L Schoonover Co-	notes contracts court judgments mortgages security NOT SEND ORIGINAL DOCUMENTS If the is are voluminous attach a summary int of the filing of your claim enclose a stamped self-if any of the creditor or other person authorized to ver of attorney, if any	FILED JAN 11 200;
Penalty for presenting fraudulent claim. Fine of up to	COTIRUSTON	

UNITED STALLS BANKRUPTCY COURT	Dis	TRIC I	OF_	Nevada		PROOF OF CLAIM
Name of Duhtor	1	Number				PROOF OF CLAIM
USA COMMERCIAL MURTGAGE COMPANY				25-LBR		
NOTE This form should not be used to make a claim for an administrative expense ma	strative exp ny be filed	ense ari pursuani	sing I to I	after the commencemen	nt	
Name of Creditor (The person or other entity to whom the debtor owes money or property) FREE DUS, MICHAEL 2535 LAKE ROAD Name and address where notices should be sent MICHAEL FREEDUS 2535 LAKE ROAD	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case.					
DELANSON, N Y 12053 Telephone number 518-864-5032	addi			address differs from the ivelope sent to you by	e	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor)	ck here is claim		replaces amends a previously	filed o	laım dated
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other SEE EXHIBIT A			Wage Jast i Jnpa	ee benefits as defined its salaries, and compe four digits of your SS and compensation for so	nsatio #	n (fill out below)
2 Date debt was incurred	3.	If cou	urt j	udgment, date obtain	red	(uate)
03-02-05 4 Classification of Claim Check the appropriate box or boxes th			······································			
See reverse side for important explanations Unsecured Nonpriority Claim \$\frac{355}{355} \frac{812}{812} \] Check this box if a) there is no collateral or lien securing your only part of your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankrupicy petition or cessation of the debte business whichever is earlier 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a) Total Amount of Claim at Time Case Filed Check this box it claim includes interest or other charges in additinterest or additional charges	r claim, or none or which is 180 or s *Am	Amor secur. Up to \$ 507(a Taxes o Other - counts a with res.	Checht of Brief Valuation of Control of Cont	Claim ck this box if your claim setoff) cf Description of Collate Real Estate Motor the of Collateral Motor claim if arrearage and other claim if any S. 7 5* of deposits toward for personal family or natities owed to governmently applicable paragraphyect to adjustment on to cases commenced of 2./0 3558/1.9	teral or Veh harges house mental ph of 1/1/07 or a	at time case filed included in 100 CTase). Cured by collateral (including only only only only only only only only
6 Credits The amount of all payments on this claim has been	credited ai	nd dedu	cted	for the purpose of	Tens	SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts, contra agreements and evidence of perfection of lien. DO NOT SENI documents are not available explain. If the documents are volumed by addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any, of the file this claim (attach oppy of power of attornance).	nus such a tts court ji D ORIGIN nunous atta ting of your ne creditor ney if any)	is promi udgment (AL DC ach a su c claim or other	issor, its, n CUI mma encle	y notes, purchase nortgages, security MENTS If the ary ose a stamped, self-son authorized to		ED JAN 11 2007
y ment of steeles pare	HAEL	rxk	CL	<i>צט</i> פ	I	1 1 1 1 1 1 1 1 1 1 1 1 1 1

UNITED STATES	BANKRUPTCY COURT	Dist	RICT OF Nevada		
Name of Dehtor USA Commercial Mortgage Company Case Number 06-10725-LBR					PROOF OF CLAIM
	hould not be used to make a claim for an administrative expense ma				
Name of Creditor (*dubtor owes, money Michael	The person or other entity to whom the or property) el John Goodwin	else i your givin	k box if you are aware thas filed a proof of claim claim Attach copy of sign particulars	relating to tatement	
Name and address Michael Goodw 555 Yellow Pine		notic case.		court in this	
Reno, NV 8951 Telephone number	1 775 849-3636	addre the c			THIS SPACE IS FOR COURT USE ONLY
Last four digits of a identifies debtor	account or other number by which creditor		k here / replaces s claum amends a p	reviously filed	clarm dated. 12/7/06
Money Persona	sold s performed		<u></u>	nd compensat f your SS # ation for servi	ces performed
2. Date debt w	as incurred 2001	3.	If court judgment, d	ate obtained	
See reverse side Unsecured Nonp Check this be b) your claim exce only part of your of Unsecured Priori Check this be entitled to priority Amount entitled to Specify the priority of Domestic supp (a)(1)(B) Wages salaries days before filing of business whichever Contributions Total Amount	priority \$ The claim. For obligations under 11 U S C § 507(a)(1)(A) of the bankruptcy petition or cessation of the debter is earlier - 11 U.S C § 507(a)(4) To an employee benefit plan - 11 U S C. § 507(a) and of Claim at Time Case Filed. If claim includes interest or other charges in additional part of the part of the claim includes interest or other charges in additional part of the part of the claim includes interest or other charges in additional part of the part of t	or claim or none or which is	Check this box is a right of setoff) Brief Description Real Estate Value of Collate Amount of arrearage a secured claim, if any Up to \$2,225* of deposit or services for personal \$507(a)(7) Taxes or penalties owed Other - Specify applicate to units are subject to adjust the respect to cases continued to the country of	f your claim is n of Collateral Motor V ral \$ Unk and other charg \$ 7574 21 Its toward pure family, or hou to government ole paragraph of ustment on 4/1/ mmenced on or 138 20 ured) (n	secured by collateral (including lehicle Other—nown less at time case filed included in schase, lease, or rental of property schold use - 11 U S C tal units - 11 U S C \$ 507(a)(8) of 11 U S C \$ 507(a)() 107 and every 3 years thereafter after the date of adjustment 505,538 20
7 Supporting D orders invoices agreements and documents are i	ocuments: Attach copies of supporting documents temized statements of running accounts control evidence of perfection of lien. DO NOT SEN not available, explain. If the documents are volutionally to receive an acknowledgment of the first support of the first su	ents, such a acts, court j ID ORIGIN minous atta	is promissory notes, pur udgments, mortgages, si IAL DOCUMENTS. If ach a summary	chase ecurity the ed, self-	USA CMC 1072502162
addressed envel	ope and copy of this proof of claim. Sign and print the name and title, if any of file this claim (attach copy of power of atto.	the creditor	or other person authoriz	zed to	FILED JAN 1 ° 2]
1/8/07		_, _,		F	ILED JAN 12 200

UNITED STAILS BANKRUPICY COURT	Dis	TRICT OF Nevada		DD005.05.01.414
Name of Debtor	Case	Number		PROOF OF CLAIM
USA COMMERCIAL MORTGAGE CO		06-10725 LB	R	
NOTE This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense ma			ncement	
Name of Creditor (The person or other entity to whom the debtor owes money or property) R. L. ALLGEIER FAMILY TRUST DATES 10/4 1997 Name and address where notices should be sent	else your givii	ck box if you are aware that has filed a proof of claim re- r claim. Attach copy of state and particulars. ck box if you have never recess from the bankruptcy course.	lating to ement erved any	
ROBERT ALLCEIER 1767 SHAMIZOCK CIRCLE MINDEN, NV 89423 Telephone number 775/782-6634	addi the	ck box if the address differs ress on the envelope sent to yourt.		THIS SPACE IS FOR COUKE USE ONLY
Last four digits of account or other number by which creditor identifies debtor	tf th	ck here 1 replaces is claim amends a prev	nously fi	led claim dated 12/12/06
I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	(G)	Retiree benefits as d Wages salaries and Last four digits of you Unpaid compensation from	compens our SS # on for ser	sation (fill out below)
2 Date debt was incurred 6 15 2004 - 4/12/2006	3	If court judgment, date	obtaine	d
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$		Secured Claim Check this box if year a right of setoff) Brief Description of	our claim of Collate	is secured by collateral (including
Unsecured Priority Claim Check this box if you have an unsecured claim all or part of entitled to priority Amount entitled to priority \$	which is	Value of Collateral Amount of arrearage and secured claim, if any \$	s_∪ other cha	arges at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 USC \$ 507(a)(1)(A) (a)(1)(B)	or П	or services for personal far § 507(a)(7)	nily or h	urchase lease or rental of property ousehold use - 11 U S C ental units - 11 U S C § 507(a)(8)
Wages salaries, or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 U S C \ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \ 507(a)	tors*An	Other - Specify applicable nounts are subject to adjustn	paragrapl nent on 4	n of 11 USC § 507(a)() 1/1/07 and every 3 years thereafter or after the date of adjustment
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in ad interest or additional charges	\$_ dition to th	430,4 (unsecuted) (secure e principal amount of the cl	<u>13.0</u> d) aım Atta	(priority) (Total)
6 Credits The amount of all payments on this claim has been making this proof of claim	n credited a	nd deducted for the purpose	e of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contragreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluments are voluments are voluments.	racts court of the	judgments mortgages, secu NAL DOCUMENTS If the tach a summary	nty F	ED IAN 1 2 2007
8 Date-Stamped Copy To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim		·	1	
Date Sign and print the name and title if any of file this glaim (attach copy of power of atto	mey if any	·) -	to	USA CMC

PURM BIU (OMC	ai rom 10) (10/05)					
UNITED STATES	BANKRUPTCY COURT	Dis	TRICT C	F Nevada	PROOF OF CLAIM	
Name of Dehtor		Case	Yumber	00		
USA COMME	USA COMMERCIAL MORTGAGE COMPANY 06-10725- LBR					
NOTE This form sl	hould not be used to make a claim for an adminis	strative exp	ense arisi	ng after the commencement		
of the case. A 'requ	est" for payment of an administrative expense ma	y pe meu	JUSUANI	10 11 0 3 C 9 303		
	The person or other entity to whom the	Che	k box if	you are aware that anyone a proof of claim relating to		
debtor owes money Joseph	B. LAFAYETTE	you	claım /	Attach copy of statement		
	E D LAFAYETTE		ng particu			
Name and address v	where notices should be sent			you have never received an the bankruptcy court in thi		
JOSEPH 9030 TI	B LAFAYETTE UNIPERO AVE.	Case		the address differs from the		
ATASCAD	PERO, CA. 93422 805-423-0168	addi	ess on th	e envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY	
	count or other number by which creditor		court. ck here	replaces		
identifies debtor	ecount of other number by which creator		is claim	amends a previously	filed claim dated	
1 Basis for Cla	in		R	etiree benefits as defined i	n 11 USC § 1114(a)	
Goods s	sold		Π.	ages salaries, and compe	nsation (fill out below)	
Services Money	s performed			ast four digits of your SS in a series in		
Personal	I mury/wrongful death			om	-	
Taxes Other -	as incurred. 7/31/03		••	(date)	(date)	
2. Date debt w	ac incircad.	3.	if con	rt judgment, date obtain	ed:	
E. Dete trebe w	7/31/03					
	of Claim. Check the appropriate box or boxes the	at best des	cribe you	or claum and state the amou	int of the claim at the time case filed	
See reverse side	for important explanations oriently Claim 3 205 / 85, 87		Secur	red Claim		
		rolam ar	M	Check this box if your class	n is secured by collateral (including	
b) your claim exce	ox if a) there is no collateral or lien securing you eds the value of the property securing it, or if c)	none or		of setoff)		
	laim is entitled to priority			Brief Description of Collar	eral or Vehicle Other	
Unsecured Priori				Value of Collateral \$_6	WAKNOWN	
Check this bo entitled to priority	x if you have an unsecured claim all or part of v	which is	}		harges at time case filed included in	
Amount entitled to	priority \$		secure	ed claim if any \$ 25	6/82	
Specify the priority of			Un to \$	2.225* of denosits toward	purchase, lease, or rental of property	
		L	Or servi	ces for personal, family, or	household use - 11 USC	
(a)(i)(B)	ort obligations under 11 USC § 507(a)(1)(A) o	»r П	§ 507(a			
Wages salaries	s, or commissions (up to \$10 000),* earned with	n 180 님			mental units - 11 USC § 507(a)(8) ph of 11 USC § 507(a)()	
days before filing of business, whichever	s, or commissions (up to \$10 000),* earned within the bankruptcy petition or cessation of the debin is earlier - 11 U.S.C. § 507(a)(4)	tor's ∐ ∗A:			4/1/07 and every 3 years thereafter	
l (**)	to an employee benefit plan - 11 U S C. § 507(a				n or after the date of adjustment	
	nt of Claim at Time Case Filed		205.1	85.87 205,185 87	205,185.87	
Check this box	if claim includes interest or other charges in additional charges.	dition to th	(unical e princip		(priority) (Total) tach itemized statement of all	
6. Credits: Th	e amount of all payments on this claim has been	credited a	ınd dedu	cted for the purpose of	THIS SPACE IS FOR COURT USE ONLY	
making this prod						
	ocuments: Attach copies of supporting documents, itemized statements of running accounts contributed to the contributed statements of running accounts.					
•	evidence of perfection of lien DO NOT SEN		_			
1	not available, explain. If the documents are volu					
	Copy: To receive an acknowledgment of the fi ope and copy of this proof of claim	iling of you	ır claım,	enclose a stamped, self-	ED JAN 1 2 2007	
Date	Sign and print the name and title, if any, of	the credito	r or othe	F person authorized to	En July - P	
To	file this elaym (attach copy of power of ano	rey, if an				
JAN 10, 2007	JB de Tayla	a day	- ma J		USA @MC	
	Lume & d	a say	LECT	-	** ** ** * * * * * * * * * * * * * * *	

		PRO	OOF OF CLAIM		
Name of Debtor		Case Nu	ımber		
USA COMMERCIA	L MORTGAGE COMPANY				
ansing after the commencemen	o make a claim for an administrative exp nt of the case A "request" for payment		Check box if you are aware that anyone else has		
Name of Creditor and A	filed pursuant to 11 U S C § 503	,	filed a proof of claim relating to your claim. Attach copy of	 	
JAMES H. LIDSTE DATED 1/20/9: CO JAMES H LI TRUSTEES PO BOX 257	R FAMILY TRUST 2 DSTER & PHYLLUS M LIDS 7	TER	statement giving perticulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the	SECURED INTERE ONE OF THE DEB	B PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT ITORS. ady filed a proof of claim with the
MINDEN, NV			envelope sent to you by the court.	· · ·	or BMC you do not need to file again
Creditor Telephone Number (7: Last four digits of account or ot	16) +67 7984 ther number by which creditor identifies	debtor	Check here replac	Ces	filed claim dated
1 BASIS FOR CLAIM		1	amen Lamen	ds	
Goods sold Services performed	☐ Personal injury/wrongful death ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Wages	penefits as defined in 11 U S salanes and compensation (in redigits of your SS #		Unremitted principal Other claims against service (not for loan balances)
Money loaned	Other (describe briefly) SEE SHIBIT A		compensation for services per	rformed from	to
2. DATE DEBT WAS INCURRE	ED		OURT JUDGMENT, DATE O		(date) (date)
4. CLASSIFICATION OF CLASSIFIC	M Check the appropriate box or boxes the xplanations	t best descr	be your claim and state the amou	unt of the claim at the	s time case filed
1	CLAIM \$ 602,096 29		SECURED CLAIM		
Check this box if a) there is n	o colleteral or lien securing your claim, or b) enty securing it, or if c) none or only part of yo	your claim our claim is	a right of setoff) Brief description of		ed by collateral (including
UNSECURED PRIORITY CLA	••••		Real Estate	_	Other
Check this box if you have an entitled to priority	unsecured claim all or part of which is		Value of Collateral	MOID! VEIICIE אין אין	
Amount entitled to priority	\$			d other charges	at time case filed included in
Specify the priority of the claim			secured claim if any	7,171 90	
- Wages salaries or commission	under 11 U S C § 507(a)(1)(A) or (a)(1)(B) ons (up to \$10 000)* earned within 180 days petition or cessation of the debtor's		Up to \$2,225° of deposits towa services for personal family of Taxes or penalties owed to go	r household use 11	USC § 507(a)(7)
	benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para * Amounts are subject to adjus with respect to cases comment	tment on 4/1/07 and	every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED	\$ 602,096 29 \$	602,	096 29 \$		\$ 602,096 29
	(unsecured)	•	ecured)	(priority)	(Total)
	es interest or other charges in addition to the				· · · · · · · · · · · · · · · · · · ·
7 SUPPORTING DOCUME running accounts, contracts	ill payments on this claim has been crec ENTS. <u>Attach copies of supporting docu-</u> court judgments, mortgages, security a nents are not available explain. If the d	<i>ments,</i> su	ch as promissory notes purc	hase orders invol	cae itemizad statements of
	To receive an acknowledgment of the				envelope and copy of this
ACCEPTED) so that it is act for each person or entity (i	eted proof of claim form must be sent ctually received on or before 5 00 pm including individuals, partnerships, c	. prevailin	a Pacific time, on Novembe	r 13. 2006	THIS SPACE FOR COURT USE ONLY
governmental units) 8Y MAIL TO BMC Group Attn USACM Claims Docke P O Box 911	ting Center	Attn USA	OR OVERNIGHT DELIVERY TO UP COME CONTROL OF		ED JAN 1 2 2007
El Segundo CA 90245-0911		El Segund	lo CA 90245	FILI	ED JAN 1 2
1/10/07	SN and print the name and title if any of the title claim (attach copy of power of attorn	ey if any)	1		
Penalty for presenting fraudulent cla	our is dien of up to \$500 000		rustee		USA CMC

to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571